
Health, Safety and Welfare Schemes in Association with Job Contracts and Training among Migrant Construction Workers in Gurgaon, India

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Abstract: *Post pandemic reimmigration of unorganised construction workers in India too witnessed various ups and downs like other nations. The survey conducted by an NGO in Gurgaon, Haryana state, India highlights health, safety, sanitation, and welfare schemes in association with job contracts and training programs. Quantitative and qualitative analysis of the primary data shows inadequate training programs leading to health and safety hazards among migrant construction workers in the study area. Although half of the work force is satisfied with the working conditions, hardly any of them are registered in any government welfare schemes like e-shram which is designed for unorganised migrant workers in India. The study indicates a dire need for training programs, particularly in the safety and health fields, and recommends focusing on the welfare of the unorganised workers, considering them on par with any other work force in the country who contributes to the GDP (Gross domestic product) of the nation.*

Key Words: *Unorganised Migrant Construction Workers, Health and Safety Training, Welfare Schemes.*

Introduction

The life situation of migrant workers has been studied across the globe. The migration of workers accelerated over the past two decades in India particularly in the field of construction workers. Irrespective of the rules and regulations, the basic amenities provided to migrant workers by employers are still a mirage. Although a few construction companies have worker welfare policies, the vast majority of construction contractors have exploited workers over the years. The agencies that recruit and supply migrant workers walk hand in hand with the employers in the dark reality of exploitation. This

paper focuses on the living conditions of migrant construction workers in the areas of health, safety, sanitation, and related work satisfaction. It is based on a survey of 2670 construction workers from various sectors in Gurgaon, Haryana, India.

The researchers were welcomed by the group of children and mothers in the open space under the scorching sunlight, which depicted the reality of poor facilities for the workers at the work site. The situation across India is no better than Gurgaon, and the studies conducted earlier highlight the supportive data.

Safety and Health Welfare

Most construction sites have adequate safety measures in place. Unfortunately, there are builders who care the least about safety measures. Construction workers are one such migratory group. They may not be pure migrant workers, but they have maximum mobility because of the nature of their work. They have to move from one construction site to another as per the directions of the contractors. The important aspect of such workers is that they form the second largest unorganized sector in India after agriculture workers. There are several factors that make them vulnerable, such as employment, which is always temporary, the employer-employee relationship, which is often fragile and short-lived, and the work itself, which has inherent risks to life and limb due to a lack of safety, health, and welfare facilities (Dhas et al., 2007; Kulkarni, 2007).

Most workers claimed to have a good understanding of safety risks and acknowledged the training that they had received. The Induction, or Injury Incident Free (IIF) training, was commended by most of those interviewed. Nevertheless, managers and co-workers identified occasions where migrant workers demonstrated a lack of awareness of safety hazards. The study revealed that 63.3 % of workers had no proper first aid kit on site available in sufficient numbers and were not aware of its content or usage, while 36.7% of workers reported that there was a proper first aid kit on site.

The majority of workers (66.7%) said that safety inspections were not performed on a regular basis, and only 13.3% strongly agreed that safety inspections were performed on a regular basis. According to the study, 43.3% of workers believe that safety rules and procedures and EHS policies are not available to protect them from accidents, while 13% believe that

safety rules and procedures and EHS (Environmental Health and Safety) policies are available to protect them from accidents (Meena, 2014). Migrant workers had a general lack of awareness of the long-term health impacts of construction work. Many did not perceive that they had any responsibility for managing their own health and safety or understand their rights and responsibilities under current legislation (Dainty et al, 2007).

Studies on the health, safety, and sanitation of migrant construction workers in India and abroad have revealed gaps in how they can be linked to various government welfare schemes for the poor in general, and those for construction workers in particular. The current study conducted among migrant construction workers in Gurgaon, Haryana, India, focused on the awareness level of the workers and their participation in such welfare schemes.

Government Welfare Schemes

1. Ayushman Bharat

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana ('Prime Minister's People's Health Scheme' or PM-JAY; also referred to as Ayushman Bharat National Health Protection Scheme or NHPS) is a national public health insurance fund of the Government of India that aims to provide free access to health insurance coverage for low income earners in the country. Roughly, the bottom 50% of the country qualifies for this scheme. People using the program access their own primary care services from a family doctor. When anyone needs additional care, then PM-JAY provides free secondary health care for those needing specialist treatment and tertiary health care for those requiring hospitalization (*pmjay.gov.in*, 2020).

This programme is part of the Indian government's National Health Policy. It was launched in September 2018 by the Ministry of Health and Family Welfare. The National Health Authority was later established by the same ministry to administer the program. It is a federally sponsored programme that is jointly funded by the federal government and the states. By offering services to 50 crore (500 million) people, it is the world's largest government sponsored healthcare program. The program is means-tested, as its users are people with low income in India (The Economic Times, 2019).

2. BOCW

The Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996; the Act is also called the “BOCW Act” is a welfare provision given by the government of India. However, each state has its own set of rules that differ from national standards. It creates hurdles for the employees. According to our investigation, not even 10% of the cess collected is used for the welfare of migrant workers, and the rules once again restrict the registration of migrant construction workers from other states who work in Haryana.

According to the act, the workers should be registered with the BOCW board, and a cess is levied from the employers to organise welfare activities for the workers. The cess is levied, but its utilisation is not properly done. The agencies that recruit the workers are not keen on registering the workers under the scheme.

3. E-Shram

It is the latest welfare registration scheme under the Ministry of Labor for all unorganised workers. The migrant workers are from different states and move to different states as per job availability. Hence, registration in the BOCW of one state may not enable them to avail of the benefits offered by another state. Hence, the majority of the social welfare agencies encourage migrant workers to get registered in E-Shram, run by the central government.

4. Job Contracts and Work Training

Most of the construction companies subcontract the labour force to avoid legal hurdles. Subcontractors, for their part, do not adhere to legal requirements and do not enter into written contracts with individual migrant construction workers. Although labour laws insist on safety training, hardly any contractors adhere to those legal norms and arrange adequate provision for safety training.

5. Occupational Safety and Health

Although there are provisions for the labour department to inspect the work site based on the BOWC Act, hardly any such inspection takes place. Further, cess funds could help treat and rehabilitate workers who have been injured on the job, as is being done in some state schemes. Cess funds can also be used to improve construction workers’ access to health care (Roy et al., 2017). In a meeting of labour officers, a participant revealed that 90%

of the cess collected remains unspent with most of the state government labour departments. The cess fund could have been used to implement safety and health measures, provide medical facilities, and purchase adequate safety equipment for construction sites.

Methodology

An exploratory study is done with ethnography-a qualitative method and survey for quantitative. A few high lights of the experience of the workers are scribed as part of ethnography and the quantitative data is analysed using basic statistical tools. The data is analysed, interpreted, discussed and conclusions are drawn with the objective of active community intervention to enhance various welfare schemes for the benefit of the migrant construction workers.

Data Analysis

The study was conducted between June and October 2022 in the post-pandemic era. The population of the study was the migrant construction workers in selected sectors in Gurgaon, Haryana, and the north and south districts of Delhi. The sample consists of 2670 respondents from Delhi and Haryana. There are 2081 (76.94%) from Gurgaon, 334 (12.51%) from north Delhi, and 255 (9.55%) from south Delhi.

The health-related issues were studied using the ethnography method, and the job contracting, registration, welfare, and work satisfaction were studied using the survey method.

Mrs. Lalitha Ram, a 24-year-old married woman, was at the construction site with her one-year-old baby. Reluctantly, she opened up about her worries. She finds it too difficult to manage the baby as there are no adequate facilities in the work camp where she stays with her husband and family. No proper water facility, no clean toilets; and unhealthy physical surroundings. The baby was pale and appeared to be suffering from malnutrition.

Mrs Geeta, 28 years old and has three children, explained the health hazards she faced at the work site. She had her last delivery at the work site. There was no proper conveyance given to her for hospitalization. She struggled to manage baby care during the postpartum period. The agent was not ready to provide health care facilities, and neither the builders nor the contractors denied their responsibilities to provide necessary health care facilities.

In another work site, a group of women complain about inadequate water and hygiene facilities, and they have to wait for hours together to meet their primary hygiene needs. Although there were several babies and young children found in the work camp, no childcare facility was provided. If anyone falls ill, they have to make their own provision to consult a doctor or seek hospitalization.

There were similar reports at the majority of the work sites we studied. The irresponsible builders, labour officers, exploiting agents, and construction mafia create a health scenario inaccessible to the poor migrant working force, particularly for women and children. The work force's anguish expressed how they suffer as a result of the inadequate health care provided in the work camps.

With regard to the job contracts, no proper written contracts are made between the builders or agents and the laborers. The data collected through the survey are analysed below.

Analysis of the Survey Questions

The survey data is analysed to find the distribution of the essential variables and also to understand the influencing parameters regarding job satisfaction. The majority (39.85%) of the respondents are from the age group (25-34) years followed by (32.51%) from the (10-24) years group (Table 1). The women's representation in the migration group is only 6.59% (Table 2)

The occupation of the majority of the migrants is construction work (84.79%, Table 3). The rest of them engaged in different types of work, as given in table 3. There were 9.40% involved in daily labour work.

Of the 2670 respondents, 31.84% never had formal education, 16.63% had matriculation, and 17.34 % had passed middle school. Only 3.03% were graduates (Table 4).

The main reason for migration is the non-availability of jobs in the native place (80.41%, Table 5). Surprisingly, 50.90% (Table 6) are satisfied with their current position. 73.03% are unwilling to undergo any skill training (Table 7).

57% of the respondents have not registered under any government social welfare scheme, and 42.25% have registered under any other scheme, which the researchers do not specify. (Table 8).

To understand the association between various factors, the researchers have conducted Chi-Square analysis. As far as bivariate analysis is concerned, there is a significant association between “willingness to training” and “changing work because it is not satisfactory” (Table 9). Similarly, there is a significant association between membership in government social welfare schemes and attendance in health awareness camps (Table 10). Registration with the labour department significantly varies with whether they have a contract before joining the job (Table 11).

A written job contract also significantly depends on whether they have a contract before joining the job (Table 12). It can also be noted that those who have undergone training before joining are most likely to have a written job contract (Table 13). Work satisfaction is also associated with membership in social welfare schemes (Table 14). Similarly, awareness about the work before joining a job is significantly associated with satisfaction obtained in the job (Table 15). 96.32% of them have not made any contract before joining the work (Table 16). Only less than 4% have made a job contract (Table 16,17) showing how severe the vulnerability of migrant construction workers is in city like Gurgaon a hub of MNCs in India. Considering the pre-departure training (Table 18), again less than 4% received training. Despite a lack of training, half of the entire work force reported job satisfaction, which is admirable. The daily work diary is maintained by 36.18% (Table 19). Among those who do not maintain daily work diary 72.96% do not have work satisfaction (Table 19). It could be an indication of the importance of migrant construction workers keeping a daily work diary in order to feel a sense of job satisfaction. Table 20 shows that the very minimum number of workers paid the contractor for the job. However, the reality may be that based on the data, the workers would actually receive the payment after deducting the agency or contract service charges. As far as work satisfaction in the present job is concerned, the influencing factors are: membership in government social welfare schemes, awareness of the work before joining, the contract before joining, a written job contract, pre-departure training, a daily work diary, and whether they have paid the contractor for the job (Table 14 to 20).

Table 1: Age Distribution

Age Group	Frequency	Percentage
(10-24)yrs	868	32.51%
(19-24)yrs	2	0.07%
(25-34)yrs	1064	39.85%
(35-44) yrs	492	18.43%
(45-54) yrs	191	7.15%
(55-64) yrs	45	1.69%
65 yrs and above	8	0.30%
Total	2670	100%

Source: Derived from the primary data collected

Table 2: Gender Distribution

Gender	Frequency	Percentage
Female	176	6.59%
Male	2493	93.41%
Grand Total	2669	100.00%

Source: Derived from the primary data collected

Table 3: Distribution of Occupation

Occupation	Frequency	Percentage
Any daily wage labour work	251	9.40%
Any other	42	1.57%
Civil Defence	1	0.04%
Construction work	2264	84.79%
Domestic work	21	0.79%
Labour	1	0.04%
Not applicable	2	0.07%

Ragpicking	1	0.04%
SelfEmployed	84	3.15%
Shuttering Labour	1	0.04%
Tri cycle/ e rickshaw	2	0.07%
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Total	2670	100.00%

Source: Derived from the primary data collected

Table 4: Distribution of Educational Background

Educational Background	Frequency	Percentage
Any other	190	7.12%
Graduate	81	3.03%
Intermediate	203	7.60%
Matriculation (IX-X)	444	16.63%
Middle School (V-VIII)	463	17.34%
Never had any formal education	850	31.84%
Primary level (I-V)	437	16.37%
Vocational Training	2	0.07%
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Total	2670	100.00%

Source: Derived from the primary data collected.

Table 5: Reasons for Migrating

Reason for migrating	Frequency	Percentage
Family	1	0.04%
For Job	292	10.94%
For Surviving	1	0.04%
Friends	223	8.35%

Low salary	1	0.04%
No job in native area	2147	80.41%
Own decision	1	0.04%
Poverty	1	0.04%
To earn money	2	0.07%
Wanted change of place	1	0.04%
Total	2670	100.00%

Source: Derived from the primary data collected.

Table 6: Satisfaction at Present Work

Satisfaction Level	Frequency	Percentage
No	1311	49.10%
Yes	1359	50.90%
Total	2670	

Source: Derived from the primary data collected.

Table 7: Willingness to Undergo Skill Training

Willingness	Frequency	Percentage
No	1950	73.03%
Yes	720	26.97%
Total	2670	

Source: Derived from the primary data collected.

Table 8: Registration Under Any Government Welfare Scheme

Any other	1128	42.25%
AYUSHMAN BHARAT	1	0.04%
BOCW	7	0.26%
MGNREGA	11	0.41%
Not registered	1523	57.04%
Grand Total	2670	100.00%

Source: Derived from the data collected.

Table 9: Willingness to Skill Training Vs. Changing Not Satisfactory Work

		Change		
		No	Yes	Total
Willingness	No	1886	64	1950
	Yes	422	298	720
	Total	2308	362	2670

Pearson Chi-Square=654.989***

Source: Derived from the primary data collected.

Table 10: Government Social Welfare Scheme Vs. Health Awareness

		Health Awareness		
		No	Yes	Total
Government Social Welfare Scheme	Any other	882	246	1128
	Ayushman Bharat	0	1	1
	BOCW	5	2	7
	MGNREGA	8	3	11
	Not registered	1421	102	1523
	Total	2316	354	2670

Pearson Chi-Square=219.912***

Source: Derived from the primary data collected.

Table 11: Contract Before Joining Vs Labour Department Registration

		Labour Department Registration		
		No	Yes	Total
Contract	No	2560	15	2575
	Yes	80	15	95
		2640	30	2670

Pearson Chi-Square=190.75***

Source: Derived from the data collected.

Table 12: Written Job Contract Vs Contract Before Joining

		Written Job Contract		
		No	Yes	Total
Contract Before Joining	No	2537	38	2575
	Yes	59	36	95
	Total	2596	74	2670

Pearson Chi-Square = 457.97***

Source: Derived from the data collected.

Table 13: Training Before Joining Vs Written Job Contract

		Written Job Contract		
		No	Yes	Total
Training before Joining	Have not taken any vocational training	1425	23	1448
	Non-farm vocational training (Masonry, Carpentry, Electrician, etc)	1069	48	1117
	On farm vocational training (livestock rearing, horticulture, mushroom cultivation, Sericulture)	102	3	105
	Total	2596	74	2670

Pearson Chi-Square= 19.82**

Source: Derived from the data collected.

Table 14: Membership in Government Social Welfare Scheme Vs. Work Satisfaction

		Work Satisfaction		
		No	Yes	Total
Government Social Welfare Scheme	Any Other	295	833	1128
	Ayushman Bharat	0	1	1
	BOCW	2	5	7
	MGNREGA	5	6	11
	Not registered	1009	514	1523
Total		1311	1359	2670

Pearson Chi-Square= 419.13***

Source: Derived from the data collected.

Table 15: Work Awareness (Before Joining) Vs. Work Satisfaction

		Work Satisfaction		
		No	Yes	Total
Work Awareness (before Joining)	No	1246	883	2128
	Yes	65	476	539
	Total	1311	1359	2670

Pearson Chi-Square = 378.31***

Source: Derived from the data collected.

Table 16: Contract Before Joining Vs. Work Satisfaction

		Work Satisfaction		
		No	Yes	Total
Contract Before Joining	No	1282	1290	2572
	Yes	29	69	95
	Total	1311	1359	2670

Pearson Chi-Square = 17.2***

Source: Derived from the data collected.

Table 17: Written Job Contract Vs. Work Satisfaction

		Work Satisfaction		
		No	Yes	Total
Written Job Contract	No	1290	1307	2596
	Yes	21	52	73
	Total	1311	1359	2670

Pearson Chi-Square=13.41**

Source: Derived from the data collected.

Table 18: Pre-departure Training Vs. Work Satisfaction

		Work Satisfaction		
		No	Yes	Total
Pre-departure training	No	1301	1316	2617
	yes	10	43	53
	Total	1311	1359	2670

Pearson Chi-Square=19.78***

Source: Derived from the data collected.

Table 19: Daily Work Diary Vs. Work Satisfaction

		Work Satisfaction		
		No	Yes	Total
Daily Work Diary	No	1063	394	1457
	Not applicable	1	246	247
	Yes	247	719	966
	Total	1311	1359	2670

Pearson Chi-Square=784.48***

Source: Derived from the data collected.

Table 20: Paid Contractor Vs. Work Satisfaction

		Work Satisfaction		
		No	Yes	Total
Paid Contractor for Job	No	1299	1285	2584
	Yes	12	74	86
	Total	1311	1359	2670

Pearson Chi-Square = 44***

Source: Derived from the data collected.

Discussion

Lack of pre-departure training would be a major reason contributing to the fact that none of the participants were aware of safe migration. “If the migrant workers are ignorant about the level of health and safety needed at the work site, they have to obey only what is instructed,” said a supervisor, as per the study by R. Shepherd et al., (2021). Other than cultural values, awareness of health and safety rules is important. Due to inadequate or no training, the current study shows that a lack of such safety awareness is inevitable in the poor working conditions of migrant construction workers. The following studies also confirm this reality. Migrant workers usually in the labour market has lowest possible point entry leading to exploitation, even compromising their safety on site (Fellini et al., 2007; Oswald et al., 2020). Migrant workers are employed in construction because jobs in their preferred field are unavailable (Buckley et al., 2016; Pollard et al., 2008). They are ready to work even at a lower rate of wages than other similar type of workers (Dainty et al., 2007; Fellini et al., 2007) and even tolerate wage theft (Fussell, 2011). Most of them do not lodge any complaints for fear of dismissal or repatriation (Lopez-Jacob et al., 2010), and they also do not report injuries out of fear of reprisal and not being able to afford time off work (Mastrangelo et al., 2010). Migrant workers are often under increased pressure to cut corners and work taking less time, and also given riskier, much dangerous tasks on work site compared to native workers (Menzel and Gutierrez, 2010; Williams, et. Al., 2010). Hence lack of awareness on health and safety is a major problem in the field of migrant construction workers in India as elsewhere.

In the current study, as per the bivariate analysis, there is a significant association between “willingness to training” and “changing work because it is not satisfactory,” “membership in Government Social Welfare Schemes” and “health awareness camps attended,” “labour department registration” and “contract before joining,” “written job contract and contract before joining,” “training before joining” and “written job contract.” According to the study, pre-employment training and participation in government welfare programmes are required to ensure safety and health measures. It also contributes to work satisfaction. However, the majority of the migrant construction workers who were part of the study have not undergone any type of training. Similarly, the majority of them have not enrolled in or are

unaware of any government welfare programs. Following a survey, many contractors were ready to encourage their unorganised workers to become members of BOWC and the Central Government's unorganised workers welfare scheme, e-Shram (the National Database of Unorganized Workers (NDUW), created by the Ministry of Labour and Employment, India).

However, the study showed that there is no association between registration with the labour department and training before joining.

The study's findings highlight the importance of providing proper training to migrant construction workers before placing them on any construction site. It also indicates the mandatory registration of all unorganised migrant workers with government welfare programs. In the Indian context, the e-Shram portal offers a simple registration process. NGOs working for the welfare of migrant construction workers need to focus on this registration and encourage contractors to provide sufficient training in health and safety measures.

Conclusion

The survey conducted among migrant construction workers in Gurgaon highlighted the urgency of providing health and safety training to these workers, preferably at the source stations if it is not feasible at the destination. NGOs involved in welfare programmes for unorganised workers must develop long-term training programmes that focus on worker health and safety, labour laws, and information on various welfare measures provided by government schemes, as well as the contractors' obligations to provide such facilities to their employees. Because the survey was conducted by an NGO in preparation for future training programs, additional qualitative studies on the impact of the same would be conducted.

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